## STATE OF MAINE TRAVEL AND EXPENSE VOUCHER

## USE BLACK OR BLUE INK ONLY

		TRAVEL AND EXPEN	ISE VOUCHER								
DATE SUI	BMITTED:		_			PV					
SOCIAL SECURITY NUMBER: (vendor code)						FUND	BATCH # AGENCY	ORG	APPROP	JOB NO	REP CAT
NAME:											
first middle initial  JOB TITLE:		middle initial	last			OBJECT	DESC	RIPTION (OPTIC	NAL)		AMOUNT
WORK AE	DDRESS:										
CITY:			PHONE:								
CITY:			PHONE:								
BARGAIN	ING UNIT OR I	NON-STATE:									
DEPT/AGENCY:						LESS					
BUREAU/DIVISION:						4298 4398	IN STATE TRAVEL ADVANCE OUT OF STATE TRAVEL ADVANCE BALANCE DUE (OWED)				
							BAL	ANCE DUE (OW	/ED)		
DESTINA	TION:	CITY:			COUNTY:			STATE:			
DEPARTU	JRE DATE:		TIME:		RETURN DATE:	E: TIME:					
PURPOSE	E OF TRAVEL:										
DATE	DEPART	TRAVEL	ARRIVE	MIL	EAGE	OTHER E	EXPENSES	LODGING	M 8	k I E	
mm/dd/yy	TIME	TO/FROM	TIME	MILES	AMOUNT	ITEM	AMOUNT	PER NIGHT	B, L, D	AMOUNT	PER DIEM
											- 
TOTAL											
	•			•							

(SIGNATURE OF SUPERVISOR) (DATE)

(DATE)

(SIGNATURE OF AUTHORIZED OFFICIAL)

1/10/2000 APPROVED BY ACCOUNTS AND CONTROL

(SIGNATURE OF TRAVELER) (DATE)